



**CONTRACT AWARD SHEET  
DEPARTMENT OF PROCUREMENT MANAGEMENT**

Bid No. **RFP673**

*Award Sheet*

**RFP Unit** DIVISION

BID NO.: **RFP673**

PREVIOUS BID NO.: **RFP421-1(2)**

TITLE: **EMPLOYEE GROUP DENTAL INS. PROGRAM**

CURRENT CONTRACT PERIOD: **09/18/2009** through **12/31/2012**

Total # of OTRs: **3**

**MODIFICATION HISTORY**

*Bid No. **RFP673***

*Award Sheet*

**DPM Notes**

**APPLICABLE ORDINANCES**

LIVING WAGE: **No**

UAP: **No**

IG: **Yes**

OTHER APPLICABLE ORDINANCES: **See attached contract for details.**

**CONTRACT AWARD INFORMATION:**

**Yes** Local Preference

**No** Micro Enterprise

**No** Full Federal Funding

**No** Performance Bond

**No** Small Business Enterprise (SBE)

**No** PTP Funds

**No** Partial Federal Funding

**Yes** Insurance

Miscellaneous:

REQUISITION NO.: **RQGS0900008**

PROCUREMENT AGENT: **CARBALLEIRA, MARIA**

PHONE: 305 375-5866

FAX: 305 375-1083

EMAIL: **MC5@MIAMIDADE.GOV**

DEPARTMENT OF PROCUREMENT MANAGEMENT

RFP Unit DIVISION

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VENDOR NAME: **DELTA DENTAL INSURANCE COMPANY**  
 DBA:  
 FEIN: **942761537** SUFFIX : **01** **30022**  
 STREET: **1000 MANSELL EXCHANGE W.BLDG 100 #100**CITY: **ALPHARETTA** ST: **GA** ZIP:  
 FOB\_TERMS: **DEST-P** DELIVERY:  
 PAYMENT TERMS: **NET** TOLL PHONE: **800-662-9034**

**VENDOR INFORMATION:**

*CERTIFIED VENDOR*

*ASSIGNED MEASURES*

Local Vendor: **No**

SBE	<b>No</b>	Set Aside	<b>No</b>	Bid Pref.	<b>No</b>
Micro Ent.	<b>No</b>	Selection Factor	<b>No</b>	Goal	<b>No</b>
Other:	Vendor Record Verified? <b>Yes</b>				

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**Vendor Contacts:**

<b>Name</b>	<b>Phone1</b>	<b>Phone2</b>	<b>Fax</b>	<b>Email Address</b>
<b>DICK ARACICH</b>	<b>407-660-9034</b>	<b>800-662-9034</b>	<b>407-660-2899</b>	<b>daracich@delta.org</b>

**Details:**

**ITEMS AWARDED Section:**

<u>Item #</u>	<u>Description</u>	<u>Qty</u>	<u>Unit Price</u>
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**End of ITEMS AWARDED Section**

**AWARD INFORMATION Section**

BCC Award: **Yes** DPM Award: **No**  
 BCC Date: **07/23/2009** DPM Date: **09/24/2009**

Contract Amount: \$ **57,000,000.00**

**Additional Items Allowed:**

**Agenda Item No.: 801E**

**Special Conditions:**

**BPO INFORMATION Section:**

**BPO ID :**     **ABCW1000001**

----- **Commodities Info** -----

----- **Department Info** -----

<u>Code</u>	<u>Description</u>	<u>Department Id</u>	<u>Dollar Allocations</u>
<b>948-28</b>	<b>DENTAL SERVICES</b>	<b>GS*****</b>	<b>\$57,000,000.00</b>

*End of BPO Information Section*